

EXHIBIT C

CERTIFICATE OF DEATH/STATE OF GEORGIA

005102 **029104**

1. DECEASED NAME (Print, Middle, Last)
KELLY DOUGLAS COUCH

2. SEX
MALE

3. DATE OF DEATH (Mo., Day, Year)
JUNE 10, 05

4. RACE (White, Black, Amer. Indian, etc.)
WHITE

5. ETHNIC ORIGIN (Italian, Irish, etc.)
AMERICAN

6. DATE OF BIRTH (Mo., Day, Year)
1966

7. AGE - Last Birthday (Years)
39

8. UNDER 1 YEAR
7b

9. UNDER 1 DAY
7c

10. COUNTY OF DEATH
FULTON

11. CITY, TOWN OR LOCATION OF DEATH
ATLANTA

12. HOSPITAL OR OTHER INSTITUTION NAME (If not known, give street and No.)
GRADY HEALTH SYSTEM

13. INPATIENT

14. STATE AND COUNTY OF BIRTH (If not in USA, name Country)
KENTUCKY, KY

15. CITIZEN OF WHAT COUNTRY?
U.S.A.

16. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
NEVERMARRIED

17. SPOUSE (If married or widowed, give spouse's name - If wife, give maiden name)
NO

18. SOCIAL SECURITY NUMBER
7981

19. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSE CLEANING

20. KIND OF INDUSTRY OR BUSINESS
CLEANING

21. RESIDENCE - STATE
GA

22. COUNTY
HENRY

23. CITY, TOWN OR LOCATION
LOCUST GROVE

24. STREET AND NUMBER AND ZIP CODE
NO

25. INSIDE CITY LIMIT? (Yes or No)
NO

26. FATHER'S NAME First Middle Last
RAYMOND E. COUCH JR

27. MOTHER'S MAIDEN NAME First Middle Last
SYBEL L. LIGIN

28. INFORMANT'S NAME First Middle Last
RAYMOND COCU JR

29. MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip)
FARMINGTON NH.

30. RELATIONSHIP
FATHER

31. REMOVAL (Burial, Cremation, Removal, etc.)
6-13-2005

32. CEMETERY OR CREMATORY NAME
R.M. EDGERLY & SON F.H. ROCHESTER N.H. STRAFFORD

33. LOCATION (City or Town, State, Zip, County)
03867

34. FUNERAL DIRECTOR (Signature)
DANIEL C. GILLIS

35. FURN. DIR. LICENSE NO.
4395

36. NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip)
YOUNG FUNERAL HOME 1107 HANK AARON DR S.W. ATLANTA, GA 30315

37. EMBALMER (Signature)
DANIEL C. GILLIS

38. EMBALMER LICENSE NO.
3987

39. EST. LICENSE NO.
1257

40. IMMEDIATE CAUSE (Enter only one cause per line for A, B, and C)
a. Respiratory failure
b. Sepsis
c. Pneumonia

41. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part 1A. (If female, indicate if pregnant or birth occurred within 60 days of death)
2 days

42. AUTOPSY (Yes or No)
No

43. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? (Yes or No)
No

44. WAS OPERATION PERFORMED (Yes or No)
No

45. DATE OF OPERATION (Mo., Day, Year)
No

46. CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify)
No

47. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify)
No

48. DATE OF INJURY (Mo., Day, Year)
No

49. DESCRIBE HOW INJURY OCCURRED
No

50. HOUR OF INJURY
No

51. INJURY AT WORK? (Yes or No)
No

52. PLACE OF INJURY (Home, Farm, Street, Factory, Office, etc.) (Specify)
No

53. LOCATION (Street, R.F.D. No., City or Town, State, Zip, County)
No

54. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated (Signature and Title)
Michael A. ...

55. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)
Grady Health System

56. DATE SIGNED (Mo., Day, Year)
6/11/05

57. HOUR OF DEATH
20:50

58. DATE PRONOUNCED DEAD (Mo., Day, Year)
6/11/05

59. HOUR PRONOUNCED DEAD
20:50

60. NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner)
Michael A. ...

61. ADDRESS OF CERTIFIER (Street, R.F.D. No., City or Town, State, Zip)
Grady Health System

62. REGISTRAR (Signature)
Katherine ...

63. DATE RECEIVED BY REGISTRAR (Mo., Day, Year)
JUN 22 2005

64. REGISTRAR

65. DATE OF DEATH
JUN 27 2005

66. REGISTRAR

67. DATE OF DEATH
JUN 27 2005

68. REGISTRAR

69. DATE OF DEATH
JUN 27 2005

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71. DATE OF DEATH
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130. REGISTRAR

131. DATE OF DEATH
JUN 27 2005

132. REGISTRAR

133. DATE OF DEATH